FLORIDA ATLANTIC UNIVERSITY – RECORDS MANAGEMENT

Department Box-Label Portion (Left side of the label is to be filled out by the department. If you have any questions, please call Controller's Office, Records Management Center, at #73113)

This side is to be completed by Records Management Only

Box #: _____ **of the TOTAL number** _____ **of Boxes**

(Only one type of record series should be stored in one box)

Box # (in Access Database)**:**

(Assigned by Records Management only)

Item #:

Method

Description of (*Storage box*) Contents:

If additional space is needed, type on a separate sheet, attach to the top of the box, and mail a copy to Records Management along with a copy of this label

Records Series Title:

Room	Row	Shelf

Period Covered (From - To):

Filing Sequence (From - To):

Retain Hard Copy (Retention Period):

Dept #:

Date Microfilmed:

Department/College/Division:

Destroy Hard Copy After (Destruction Due Date):

Signature:

Records received for Records Management:

_____ _____

Authorized Signature of Dept./Person: **Date:**

Left portion of this label is for the department person to fill out completely. Attach a copy to the small end of the box for identification purposes. Mail a copy to Records Management for the completion of right portion of the label and for Records Management's Access Database Box Number.

By: _____ **Date:** _____

Reset Form